MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/008598   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77	1							
28							78								
29							79								
30							80								
31							81								
32							82								
33							83	1							
34							84								
35	1						85								
36		1					86								
37	1						87								
38		1					88								
39		1					89								
40	1						90								
41		1					91								
42		1					92								
43		1					93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.	7							
TOTAL DEP.							TOTAL DEP.	61							
TOTAL CLAIMS							TOTAL CLAIMS	68							